

*California **Prison** Health Care **Receivership***  
*Office of the Receiver*

July 24, 2006

Governor Arnold Schwarzenegger  
State of California  
State Capitol Building  
Sacramento, CA 95814

Assemblymember Fabian Nuñez  
Speaker of the Assembly  
State Capitol  
P.O. Box 942849  
Sacramento, CA 94249-0046

Senator Don Perata  
Senate President pro Tem  
State Capitol, Suite 205  
Sacramento, CA 95814

Dear Governor Schwarzenegger, Assemblymember Nuñez and Senator Perata:

This is to provide some additional perspective for the upcoming Special Session of the Legislature called for by the Governor in recognition of the crisis in the California prison system.

As you are aware, Judge Henderson took the drastic action of placing the medical care system under a Federal Receivership after years of well-documented State neglect of the medical needs of its inmate population. The medical crisis, however, is, in part, a byproduct of the growing overpopulation problem in California's prisons. It cannot be fully resolved until appropriate corrective action is applied to both of these problems in a thoughtful, coordinated manner. In short, the overcrowding and medical crises are integrally related. I believe that the Special Session, if used effectively, presents an opportunity to make headway on both crises and maximizes the impact of the tremendous tax dollars involved. In this spirit, I offer the following points.

1. It will not be possible to raise access to, and quality of, medical care to constitutional levels with overpopulation at its current levels. Other key issues contributing to the medical crisis include staffing for healthcare and custody functions, instability in the leadership of CDCR down through, at least, the warden

level, and the decrepit physical condition of many of the California prisons. The extreme overcrowding of the system, however, makes the challenge of providing constitutionally adequate medical care dramatically more difficult.

2. While I do not believe that the State can realistically “build its way” out of the chronic overcrowding crisis, new major construction must be a component of mitigating the current acute crisis. Maximizing taxpayer benefit from such projects, however, demands “smart” programming for any new construction. Conventional programming wherein conventional prisons are built (with traditional medical and mental health “components” allocated within each) has failed in the past and will certainly fail again, if pursued.
3. Initial data indicates that the “smart” use of \$1 billion (\$2 billion including finance costs) would be to construct two multi-purpose medical/mental health facilities rather than two conventional prisons. By so doing, inmate/patients may be appropriately placed by disease category (e.g., acute care, long-term care/skilled nursing care, chronic care, care for the seriously mentally ill, crisis care for the mentally ill, hospice and palliative care, “home” care and assisted living care) and custody/security levels to create a system of care which is sadly missing today. The current waste of taxpayer money resulting from duplicative service locations in so many prisons across the State is enormous and is a significant barrier to providing cost effective, constitutional care. I can assure you that this is the approach the Receivership will have to take in any case in the very near future and would involve, most likely, taxpayer dollars similar to that being proposed for the Special Session. I would suggest that amount can be spent only once, rather than twice, in the described “smart” manner.
4. The State would achieve the same benefit with respect to prison overcrowding under the aforementioned scenario (#3) as it would under the current proposal to construct two conventional prisons because moving ill inmates into the new medical facilities will free up the same number of inmate beds that would have been made available by building new conventional prisons. Thus, by engaging in “smart programming,” the State can simultaneously accomplish its dual goals of reducing overcrowding and improving the delivery of medical, mental health and dental care – and make a tremendous stride forward toward the ultimate return of the medical care system to the State.
5. Whatever construction is be accomplished, the location is critical. Any new facility should be situated in, or immediately adjacent to, major urban areas. The reality in California today is a tremendous shortage of qualified healthcare personnel (physicians, nurses, technologists, therapists, etc.) and severe competition for them. Locating new facilities in rural areas would only exacerbate the nearly impossible-to-solve (and quite expensive) dilemma of recruiting and retaining highly trained, competent, healthcare staff.

I am prepared to discuss these issues with you further should you so desire and to participate in any way that we see as mutually acceptable during the Special Session.

In time, a constitutionally adequate medical care system will be created by the Receivership. The Special Session is, potentially, a significant step toward a cooperative, collaborative relationship which will maximize the use of large sums of taxpayer dollars, mitigate some of the current waste and inefficiencies in the State prison system, and result in an approach which has a beneficial impact on both prison overcrowding as well as raising access to and quality of medical care to constitutional levels.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert Sillen', with a long, sweeping horizontal line extending to the right.

Robert Sillen  
Receiver